

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER Hotel Employees Restaurant Employees Intl. Union TIP Educational Fund sponsored by UNITE HERE International Union		Date of This Filing <u>10/19/2005</u> Report No. <u>LIE310-51008</u> <input checked="" type="checkbox"/> Amendment to Report No. <u>01</u> (explain below) No. of Pages <u>3</u>	Date Stamp Page 1 of 3	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 745671			
STREET ADDRESS				
CITY Washington	STATE DC			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Public School Teachers			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 74	JURISDICTION STW	SUPPORT	OPPOSE X

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/07/2005	Supplies	\$70.38
10/08/2005	Food for Volunteers	\$75.00
10/08/2005	Supplies	\$7.05
10/09/2005	Supplies	\$15.87
10/10/2005	Food for Volunteers	\$115.75

Reason for Amendment:
To reflect additional expenditures

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AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable) 745671			
STREET ADDRESS					
CITY Washington	STATE DC	ZIP CODE 20036			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Public School Teachers			
OFFICE SOUGHT OR HELD/DISTRICT NO.	SUPPORT	OPPOSE	BALLOT NO./LETTER 74	JURISDICTION STW	SUPPORT	OPPOSE X

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/10/2005	Supplies	\$17.10
10/08/2005	Estimated Salaries for Walkers for week ending 10/14/05	\$3,396.50

Reason for Amendment:
To reflect additional expenditures

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CALIFORNIA
FORM 496

NAME OF FILER
Hotel Employees Restaurant Employees Intl. Union TIP Educational Fund sponsored by UNITE HERE International Union

I.D. NUMBER (If applicable)
745671

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
9/28/2005	Unite Here Tip State & Local Fund (Intermediary for Members) New York, NY 10001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	No Member Over \$100	\$250,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 866/275-3772